

Privilege (Sales) and  
Use Tax License Application  
Rental of Real Property

Management Services  
Audit & License Division  
31 E. 5th St. P.O. Box 5002  
Tempe, AZ 85280-5002  
(602) 350-8327  
FAX: 602-350-8659    INTERNET: [www.tempe.gov](http://www.tempe.gov)



PLEASE PRINT - COMPLETE ALL SECTIONS - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

SECTION I. OFFICE USE ONLY

FREQUENCY	START DATE	STATUS	AMOUNT PAID	MASTER LICENSE NO.	LICENSE NO.
ST SIC CODE	ST SIC CODE	ST SIC CODE	ST SIC CODE	ST SIC CODE	ST SIC CODE
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SECTION II. FEES & REPORTING FREQUENCY

APPLICATION FEE	1. One-time Application Fee	\$ 20.00
PLUS LICENSE FEE	2. Annual License Fee Please estimate your gross annual taxable income \$ _____ <input type="checkbox"/> If your estimated gross annual taxable income is \$50,000 or more your reporting frequency shall be <b>monthly</b> and your licensing fee is <b>\$50</b> per year. <input type="checkbox"/> If your estimated gross annual taxable income is \$49,999 or less your reporting frequency shall be <b>quarterly</b> and your licensing fee is <b>\$25</b> per year. <b>Note:</b> If your gross annual taxable income will be \$5,000 or less, you may request an annual reporting frequency after you have established a 6-month reporting history.	
	TOTAL DUE ►	

SECTION III. TAX REPORT MAILING ADDRESS & PHONE NUMBER

PROPERTY OWNER'S NAME	INDIVIDUAL, PARTNERSHIP, CORPORATION, ETC.			OWNER'S HOME PHONE NO.
CARE OF NAME				PHONE NO.
MAILING ADDRESS	STREET NO. (N,S,E,W), STREET NAME, SUITE NO.			
	CITY	STATE	ZIP CODE +4	
E-MAIL ADDRESS				FAX #

SECTION IV. COMMERCIAL RENTAL PROPERTY INFORMATION (Owners of Residential Property, see Section V)  
\*\*\*A separate license is required for each commercial rental property in Tempe\*\*\*

COMMERCIAL PROPERTY NAME (IF APPLICABLE)				
PROPERTY TYPE	<input type="checkbox"/> OFFICE	<input type="checkbox"/> APTS.	<input type="checkbox"/> WAREHOUSE	
	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> RETAIL	<input type="checkbox"/> OTHER	
NUMBER OF BUILDINGS			TOTAL NUMBER OF UNITS	
COMMERCIAL PROPERTY ADDRESS	STREET NO. (RANGE) FROM _____ TO _____	(N,S,E,W), STREET NAME, SUITE NO.	ZIP CODE +4	
LIST INDIVIDUAL STREET ADDRESS NUMBERS WITHIN RANGE (if applicable)				
(DO NOT LIST SUITE NUMBERS)				

SECTION V. RESIDENTIAL RENTAL PROPERTY INFORMATION (house, condo, duplex, tri-plex, 4-plex)  
\*\*\*Apartments of 5 units or more are considered commercial rental properties (see Section IV.)\*\*\*

RESIDENTIAL PROPERTY ADDRESS (PLEASE ATTACH LIST IF ADDITIONAL ADDRESSES)	1. STREET NO. (N,S,E,W), STREET NAME, SUITE NO.	PROPERTY TYPE	NO. OF UNITS
	CITY	STATE	ZIP CODE +4
	2. STREET NO. (N,S,E,W), STREET NAME, SUITE NO.	PROPERTY TYPE	NO. OF UNITS
	CITY	STATE	ZIP CODE +4
	3. STREET NO. (N,S,E,W), STREET NAME, SUITE NO.	PROPERTY TYPE	NO. OF UNITS
	CITY	STATE	ZIP CODE +4

\*\*\*PLEASE COMPLETE BOTH SIDES OF APPLICATION\*\*\*

SECTION VI. BUSINESS STATUS, START DATE

1. DATE STARTING RENTAL ACTIVITY (FOR THIS PROPERTY) IN TEMPE			
2. CHECK ONE:	<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> NEW OWNER OF EXISTING BUSINESS	FORMER OWNER
3. PROPERTY NAME AND ADDRESS OF OTHER CURRENT PROPERTY IN TEMPE			LICENSE NO.
4. STATE PRIVILEGE (SALES) AND USE TAX NO.			
5. ACCOUNTING METHOD	<input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL		

SECTION VII. BUSINESS OWNERSHIP & RECORDS LOCATION (All Items Must Be Completed)

1. TYPE OF OWNERSHIP	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC (LIMITED LIABILITY COMPANY)	
	<input type="checkbox"/> TRUST	<input type="checkbox"/> CORPORATION - STATE INC. _____		
	<input type="checkbox"/> HUSBAND/WIFE	<input type="checkbox"/> OTHER _____		
2. PARTNERSHIP, LLC OR CORPORATE NAME	(IF APPLICABLE)			
3. OWNERS, PARTNERS, LLC MEMBERS, OR OFFICERS (FOR ADDITIONAL NAMES, PLEASE ATTACH LIST.)	1. NAME		TITLE	PHONE
	HOME ADDRESS		CITY	STATE      ZIP CODE +4
	2. NAME		TITLE	PHONE
	HOME ADDRESS		CITY	STATE      ZIP CODE +4
	3. NAME		TITLE	PHONE
	HOME ADDRESS		CITY	STATE      ZIP CODE +4
	NAME		PHONE	
	ADDRESS		CITY	STATE      ZIP CODE +4
4. CORPORATE OR LLC STATUTORY AGENT	NAME		PHONE	
	ADDRESS		CITY	STATE      ZIP CODE +4
5. LOCATION WHERE BUSINESS RECORDS ARE KEPT	NAME		PHONE	
	ADDRESS		CITY	STATE      ZIP CODE +4

SECTION VIII. SIGNATURE

Please determine that all privilege (sales) tax has been paid by the former owner of your business. Under the City Code, you are liable for any unpaid tax liability incurred by your predecessor.

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the permit authorized and issued in response to this application with the condition that I report timely and pay all taxes due by me to the City. Corporate officers, directors, and LLC members are responsible for filing tax returns and paying all taxes.

SIGNATURE OF OWNER, PARTNER, OFFICER, OR LLC MEMBER	DATE
CONTACT PERSON (Individual available to answer questions pertaining to this application)	DIRECT PHONE NO.

**REQUEST FOR INFORMATION:** PLEASE UNDERSTAND THAT THE AUDIT AND LICENSE DIVISION MAKES EVERY EFFORT TO PROVIDE ADEQUATE AND ACCURATE INFORMATION IN RESPONSE TO LICENSING AND TAXATION INQUIRIES, HOWEVER, ANY VERBAL ADVICE OR INFORMATION GIVEN BY CITY EMPLOYEES IS NOT BINDING UPON THE CITY. IF YOU NEED A SPECIFIC RESPONSE TO A QUESTION, WE RECOMMEND THAT YOU REQUEST IT IN WRITING FOR YOUR RECORDS.